

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108942

1. Entity Name

DES TRUCKING CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90043 013 ***150.00

Principal Place of Business Mailing Address
5239 SOUTH JOHN YOUNG PARKWAY SUITE 133 5239 SOUTH JOHN YOUNG PARKWAY SUITE 133
ORLANDO FL 32839 ORLANDO FL 32839

2. Principal Place of Business 3. Mailing Address
503 Southern Charm 503 Southern Charm
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando FL Orlando FL
Zip Country Zip Country
32807 USA 32807 USA

4. FEI Number Applied For
59-3615210 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PARCELS TO GO, INC.
C/O DAMIAN D. PITTS
5239 SOUTH JOHN YOUNG PARKWAY
ORLANDO FL 32839

7. Name and Address of New Registered Agent
Name Evelyn Rivira / Accounting Center
Street Address (P.O. Box Number is Not Acceptable) 100 S Semoran Blvd Ste B
City Orlando FL Zip Code 32807

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [Signature] / Registered Agent 4-21-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE D ☐ Delete
NAME SANTANA, DORCA E
STREET ADDRESS 503 SOUTH CHARM DRIVE
CITY-ST-ZIP ORLANDO FL 32839
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
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CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DORCA E. SANTANA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-00 (407) 908-1775
Date Daytime Phone #

CR2E034 (9/99)